LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lubbyist's Registration Number

	FOR OFFICE USE ONLY Postmark Date: 5/12/07
Instructions Print in link or type. Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3 st Ploor, Batem Range, LA 70808, (225) 763-8777 or (800) 842-6630.	Reg. 08 eles 5342 \$11000
Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.	TOCKV
1. NAME SALVIZ CIABVILIA MI 2. BUSINESS PHONE (512) 658-4730	1072349
3. BUSINESS ADDRESS 823 Congress Ave 4800 Austin TX	<u> 18</u> 701
MAILING ADDRESS Street and No. City State	7ip
4. EMPLOYER CHRISTUS Health 5. EMPLOYER'S ADDRESS 103103 N. Hwy 16 14 15 17 17 7 Zip Street and No. City State 7 Zip	<u>5</u> 038
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization of or not the client or someone also pays you to lobby.	
1. Name CHRISTUS Health Address (Same as above)	
Business or purpose Heath Care,	_
Does this person pay you?	
If No, who pays you?	

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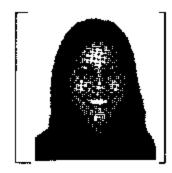
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2.	Name
	Address
	Business or purpose
	Does this person pay you?
	If Nu, who pays you?
3.	Name
	Address
	Business or purpose
	Does this person pay you?
	If No, who pays you?
4.	Name
	Address
	Business or purpose
	Does this person pay you?
	If No. who pays you?

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist



rom 800, Rev. 108002